

Glow-Tropic

PEPTIDES

Rejuvenation, antioxidant, and tissue repair blend with hair and skin benefits
 INGREDIENTS PER ML
 GHK-CU: 2MG GLUTATHIONE: 200MG HISTIDINE: 100MG GLYCINE: 50MG NADH: 50MG
 CYCLING, ADMINISTRATION, & MISCELLANEOUS DOSING CONSIDERATIONS 4-6 week cycle
 followed by 2-3 week washout pe

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 CYCLING, ADMINISTRATION, & MISCELLANEOUS DOSING CONSIDERATIONS 4-6 week cycle
 followed by 2-3 week washout period Dose 2x/week You do not have to be fasted to dose Dose may be
 taken at any time, day or night Subcutaneous Administration DOSING WEEK 1 (Dose 2 days per
 week, 3 or 4 days apart) Dose 1: 25 units Dose 2: 50 units WEEK 2 (Dose 2 days per week, 3 or 4 days
 apart) Dose 1: 75 units Dose 2: 75 units WEEKS 3-6 (Dose 2 days per week, 3 or 4 days apart) Dose
 1: 100 units Dose 2: 100 units NOTE ON COPPER REACTIVITY (+COPPER REACTIVE DOSING
 ALTERNATIVE BELOW) Note: For some users, the GHK-Cu (a copper peptide) component may
 cause this formulation to be painful to inject and/or may cause a reaction at the injection site. The pain
 might range from small pinch to the sting of a bullet ant, and injection site reactions (ISRs) may include
 redness, swelling, bruising, pain, and/or the development of a knot beneath the skin which may last for
 as long as several days. This reaction is not universal for all people- where some will have a painful
 injection experience and a high incidence of injection site reactions (ISRs), most will experience neither
 and get to reap the benefits without so much as minor discomfort. If you experience pain or an
 aggressive ISR, you can safely assume that you will not react well to copper peptides in any form. All is
 not lost, however... read on to learn more about why some people are cursed with this copper
 sensitivity, and what can be done to mitigate those negative side effects should they happen. The
 reason for this copper reactivity comes down to one of three primary reasons: Low baseline
 ceruloplasmin (the copper-binding protein that regulates free copper) Skin barrier or microcirculation
 that is already inflamed when the copper is introduced They have trace metal imbalances (e.g., low
 zinc or high iron) There are a couple things you can do to prevent these reactions altogether, or at least
 minimize their severity. The most effective of these is dilution . Constant rotation of injection sites is
 extremely helpful, as is monitoring the severity of ISRs in different injections zones (e.g. some people
 show reduced ISRs when injection in the thighs, and more severe reactions in the stomach); review the
 Subcutaneous Injection Locations guide located in the Prep and Injection Guide. Finally, and perhaps
 surprisingly, using GHK-Cu in a blend or stacked with potent anti-inflammatory peptides like BPC-157
 and KPV tends to reduce the pain associated with copper injections while minimizing ISRs. COPPER
 REACTIVE ALTERNATIVE DOSING (For those who tend to get injection site reactions from these
 ingredients) Dilute dose with water (e.g. add 25 or more units of water to 25 unit shot, and up to 50
 units of water to 50 unit shot) Do smaller doses more frequently WEEK 1 (Dose 3x a week) Dose 1: 25

units Dose 2: 25 units Dose 3: 25 units WEEK 2 (Dose 3x a week) Dose 1: 50 units Dose 2: 50 units
Dose 3: 50 units Week 3-6 (Dose 3x or 4x a week) Dose 1: 66 units Dose 2: 66 units Dose 3: 66 units
or Dose 1: 50 units Dose 2: 50 units Dose 3: 50 units Dose 4: 50 units

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